

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	SURGICAL DEVICE																					
Application Number :																						
Date :																						
First Named Applicant:	Mr. Gregg A. VanDusseldorp																					
Attorney Docket Number:	A3-1635																					
TOTAL FEE AUTHORIZED \$ 465																						
Patent fees are subject to annual revisions on or about October 1st of each year.																						
Filing as small entity																						
BASIC FILING FEE																						
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375	Subtotal For Basic Filing Fees: \$ 375										
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Subtotal For Basic Filing Fees: \$ 375																						
EXTRA CLAIM FEES <i>20</i>																						
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 30</td><td>10</td><td>2202</td><td>9</td><td>90</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="4">Subtotal For Extra Claims Fees: \$ 90</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 30	10	2202	9	90	Independent Claims : 2	0	2201	42	0	Subtotal For Extra Claims Fees: \$ 90			
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Subtotal For Extra Claims Fees: \$ 90																						
AUTHORIZED BILLING INFORMATION																						
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																						
Deposit account number:	080960																					
Access Code	****																					
Deposit name:	Hartman and Hartman, P.C.																					
Deposit authorized name:	Domenica N.S. Hartman																					
Signature:	Domenica N.S. Hartman																					
Date (YYYYMMDD):	2003-07-09																					
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																						

Adjustment Date: 06/25/2004 BHABTEW
07/09/2003 EFSPRD 00000027 080960 10604297
02 FC:2202 90.00 CR THO D006.1E

Refund the money
Approve by (Kevin)

10604297
The applicant pay extra claims
In System there is 20 claims
Should we refund?